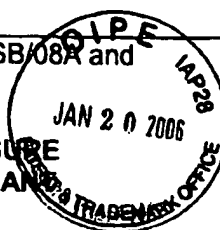


Substitute for forms PTO/SB/08A and
PTO/SB/08B

**INFORMATION DISCLOSURE
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Sheet 1 of 3



Complete if Known

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Examiner Initials*	Cite No.	Document Number Number-Kind Code	Publication Date MM-DD- YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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/Stephen D Agosta/

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10/30/2007

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.